

Georgia Department of Agriculture

Dog and Cat Sterilization Program

The DCSP is funded from the sale of the Dog and Cat Sterilization License Plates and from private donations. The DCSP is designed to (1) help pay for dog and cat sterilization procedures performed by Georgia licensed and accredited veterinarians, (2) provide educational materials about the benefit of sterilization, and (3) promote the sale of the Dog and Cat Sterilization License Plate.

The financial assistance for sterilization procedures is:

(a) male cat	\$35.00
(b) female cat	\$45.00
(c) male dog	\$55.00
(d) female dog	\$65.00

Licensed and accredited veterinarians may be approved for up to **three (3)** procedures each month.

The owner of the animal will be responsible for any additional surgical fees and expenses (e.g. vaccinations, pre-surgical blood work, surgical complications, etc.). The veterinarian's normal fees for the surgical procedure apply. The veterinarian must inform the owner or agent in writing of any additional procedures with additional charges prior to performing additional services. The DCSP is available to all residents of the state of Georgia. There is no requirement to show economic need to qualify for this program.

GEORGIA DEPARTMENT OF AGRICULTURE
DOG AND CAT STERILIZATION PROGRAM

Spay/Neuter Is The Healthy Choice

To find out how you can join the "Tag Team", go to <http://agr.georgia.gov> or www.HumaneAssociationofGeorgia.org

VETERINARY CLAIM FOR PAYMENT

EDITIONS OF THIS FORM DATED PRIOR TO 1/1/06 ARE OBSOLETE AND SHOULD BE DISCARDED

ALL BLOCKS MARKED * MUST BE COMPLETED

INCOMPLETE FORMS WILL BE RETURNED TO THE VETERINARIAN

(Please type or print))

*1.) Name In Which Payment Is to Be Made (Veterinarian or Clinic)		
*2.) Street Address		*3.) Tax Number of Name in Block 1
*4.) City, State, ZIP Code		*5.) Date of Procedure
6.) Phone Number	7.) FAX Number	*8.) Control Number:
I hereby certify that the services covered by this claim were performed by me on the date indicated, that this claim is correct and just and that payment therefor has not been received.		STATE OFFICE USE ONLY
*9.) Veterinarian Performing Procedure(Typed or Printed)		Amount Paid: \$
*10.) Signature (Do Not use BLACK ink)		Date Paid:

ALL CLAIMS ARE SUBJECT TO AUDIT

OWNER/CLIENT VERIFICATION OF SURGICAL PROCEDURE

*11.) Owner's Name		*12.) County	
*13.) Address		*14.) Phone	
*15.) Procedure spay neuter (Circle one)	*16.) Species dog cat (Circle one)	*17.) Animal's Name	*18.) Date of Procedure

I verify that the veterinarian named in block 9 did, on the date stated, perform the procedure described above.

*19.) Name of Owner or Agent (Typed or Printed)	*20.) Date Signed
*21.) Signature of Owner or Agent (Do Not use BLACK ink)	

Please **mail** the **original signed document**

(Faxes cannot be accepted)

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19 MLK, Jr. Drive, Room 102

Atlanta, GA 30334

The procedure must be completed and all paper work received by the Department of Agriculture within 60 days of the date approved. Claims received by the 10th of the month will be paid that month.